

**COMMISSION FOR CHILDREN AND FAMILIES**

**RECOMMENDATIONS TO BLUE RIBBON COMMISSION**

**DECEMBER 13, 2013**

- Appoint a County Safety and Prevention Director to coordinate interfaces among the Department of Mental Health, the Health Services Department, the Department of Public Health, Probation, Libraries, Parks and Recreation and the Department of Children and Family Services to identify at-risk children and families and make appropriate community and/or agency referrals.
  - Set management appraisals and MAPP goals for department heads in those departments specifically related to their successful implementation of such prevention and integration strategies.
  - Permanently fund, expand and market programs, such as Head Start, Early Head Start and Home Visitation (all statistically highly effective) for the most vulnerable age group, 0-5, which currently accounts for 40% of the children detained in Los Angeles County.
  - Hire a funding specialist to work with the Safety and Prevention Director to facilitate blended funding streams to support the safety and prevention model, with particular emphasis on the Mental health Services Act prevention funds which, historically, have been seriously under-utilized.
  - Expand community-based programs in mental health services because it is within their communities that people who need help are most likely to seek that help and maintain a positive clinical relationship.
  - Direct DMH to jointly train personnel, both in-house and in contract agencies, on how to most effectively work with the age 0 to 5 population, their families and caretakers because this population is not now receiving the mental health attention required by victims of early childhood trauma.
  - Expand and better coordinate mental health specialized housing for transition-age youth in order to combat current trends that show the majority of aging-out youth becoming homeless.
  - Direct that all county contracts for child welfare services, mental health services, and mental health housing be performance-based, with clear, measurable outcomes; be evaluated on a routine schedule; and dropped if measures remain substandard and corrective actions are not successful.
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